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PATENT

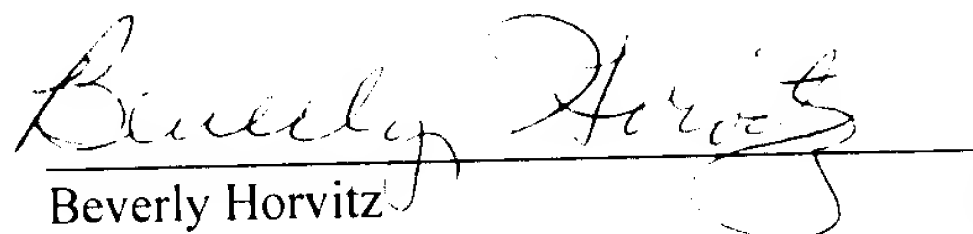
Attorney Docket No. SYP-116

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Fuchs et al.  
SERIAL NO.: 08/726,093 GROUP NO.: 1634  
FILING DATE: 10/04/96 EXAMINER: Marschel, A.  
TITLE: Methods and Kits for Hybridization Analysis Using Peptide Nucleic Acid Probes

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Assistant Commissioner for Patents, Washington, DC 20231 on this 30th day of August, 1999.

  
Beverly Horvitz

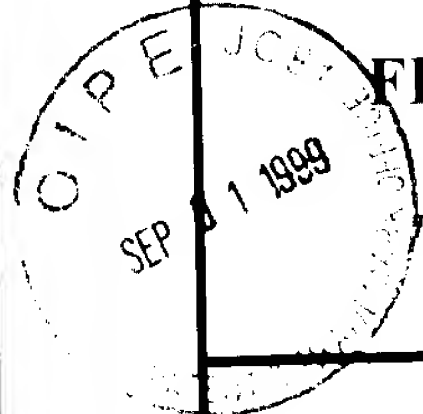
Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

Submitted herewith is/are:

1. Transmittal Form (1 pg)
2. Amendment and Reply (11 pgs)
3. Request for Extension of Time (1 pg)
4. Supplemental Information Disclosure Statement (3 pgs)
5. Form PTO-1449 (1 pg)
6. Copies of IDS Citations AAK, AAL; cover page of AAM (21 pgs)
7. Copy of PTO Form 892 (1 pg)
8. Fee Transmittal Form (1 pg) with Check in the amount of \$770.00
9. Certificate of First Class Mailing Under 37 C.F.R. 1.8 dated 8/30/99
10. Return Receipt Postcard

blundell7783/109.848334-1



## FEE TRANSMITTAL

Note: Effective October 1, 1997.  
Patent fees are subject to annual revision

Complete if Known

Application Serial Number	08/726,093
Filing Date	10/04/96
First Named Inventor	Fuchs
Group Art Unit	1634
Examiner Name	Marschel, A.
Attorney Docket No.	SYP-116

## METHOD OF PAYMENT

1. ☒ Payment Enclosed:  
☒ Check ☐ Money Order ☐ Other
2. ☒ The Commissioner is hereby authorized to credit or charge any fee indicated below to Deposit Account No. 20-0531.  
☐ Required Fees (copy of this sheet enclosed).  
☒ Additional fee required under 37 CFR 1.16 and 1.17.  
☒ Overpayment Credit.

## FEE CALCULATION

## 1. FILING FEE

Large Entity Fee (\$)	Fee Description	Fee Paid
760	Utility filing fee	
310	Design filing fee	
150	Provisional filing fee	

	Number Filed	Number Extra	Rate	Amount
Total Claims	- 20 =		x \$ 18.00 =	
Independent Claims	- 3 =		x \$ 78.00 =	
<input type="checkbox"/> Multiple Dependent Claim(s), if any			\$260.00 =	

TOTAL:

SMALL ENTITY DISCOUNT:

SUBTOTAL (1) (\$)

## 2. AMENDMENT CLAIM FEES

Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid
Total 40 -	34 =	6	x \$ 18.00 =	108
Indep. 8 -	4 =	4	x \$ 78.00 =	312
<input type="checkbox"/> First Presentation of Multiple Dep. Claim			+ \$260.00 =	

TOTAL: (\$420)

SMALL ENTITY DISCOUNT: (\$)

SUBTOTAL (2) (\$420)

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or	
130	130	Non-English specification	
2,520	2,520	For filing a request for reexamination	
110	55	Extension for reply within first month	110.00
380	190	Extension for reply within second month	
870	435	Extension for reply within third month	
1,360	680	Extension for reply within fourth month	
1,850	925	Extension for reply within fifth month	
300	150	Notice of Appeal	
300	150	Filing a brief in support of an appeal	
260	130	Request for oral hearing	
130	130	Petitions to the Commissioner	
50	50	Petitions related to provisional applications	
240	240	Submission of Information Disclosure Statement (37 CFR 1.97(c))	240.00
130	130	Submission of Information Disclosure Statement (37 CFR 1.97(d))	
760	380	Filing a submission after final rejection	
760	380	For each additional invention to be examined (37 CFR 1.129(b))	
		Other (Specify)	

SUBTOTAL (3) (\$ 350.00)

SUBTOTAL (1)	
SUBTOTAL (2)	420.00
SUBTOTAL (3)	350.00

TOTAL (\$ 770.00)

## CORRESPONDENCE ADDRESS

Direct all correspondence to:

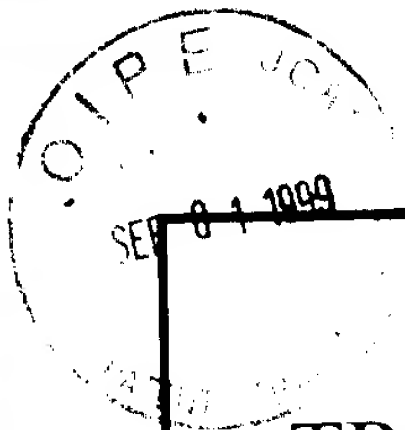
Patent Administrator  
Testa, Hurwitz & Thibault, LLP  
High Street Tower  
125 High Street  
Boston, MA 02110  
Tel. No.: (617) 248-7000  
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## SIGNATURE BLOCK

Respectfully submitted,

Date: 08/30/99  
Reg. No.: 43,321  
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Fax No.: (617) 248-7100

Isabelle A.S. Blundell, Ph.D.  
Attorney for the Applicants  
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High Street Tower  
125 High Street  
Boston, MA 02110



# TRANSMITTAL FORM

Application Serial Number	08/726,093
Filing Date	10/04/96
First Named Inventor	Fuchs
Group Art Unit	1634
Examiner Name	Marschel, A.
Attorney Docket No.	SYP-116

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> <b>Fee Transmittal Form</b>  <input checked="" type="checkbox"/> <b>Check Attached</b> <input type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)	<input type="checkbox"/> Appeal Communication to Board of Patent Appeals and Interferences
<input type="checkbox"/> <b>Amendment/Response</b>  <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____]	<input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Appeal Communication to Group ( <i>Appeal Notice, Brief, Reply Brief</i> )
<input type="checkbox"/> <b>Extension of Time Request</b>	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> <b>Information Disclosure Statement</b> <input checked="" type="checkbox"/> <b>Form PTO-1449</b> <input checked="" type="checkbox"/> <b>Copies of IDS Citations</b>	<input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)	<input checked="" type="checkbox"/> <b>Return Receipt Postcard</b>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> <b>Certificate of First Class Mailing under 37 C.F.R. 1.8</b>
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input checked="" type="checkbox"/> <b>Additional Enclosure(s) (please identify below)</b> <b>Copy of PTO Form 892</b>
	<input type="checkbox"/> Small Entity Statement	
	<input type="checkbox"/> Request for Refund	
	<input type="checkbox"/> After Allowance Communication to Group	

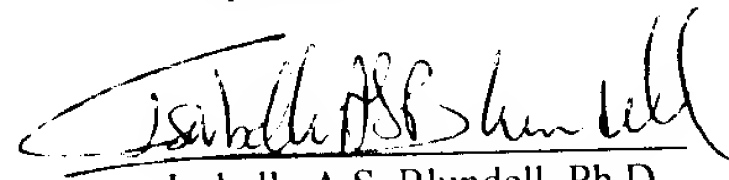
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Respectfully submitted,

  
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